

# The History of Trauma in Image and Thought



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# The History of Trauma in Image and Thought

- Welcome and Introductions
- What is the Human History of Our Ideas About Trauma
- What We Have Learned From the Impact of Terrorism and War
- What Is Traumatic Stress and Traumatic Stress Disorder?
- What Do We Know About Child Trauma and Treatment?

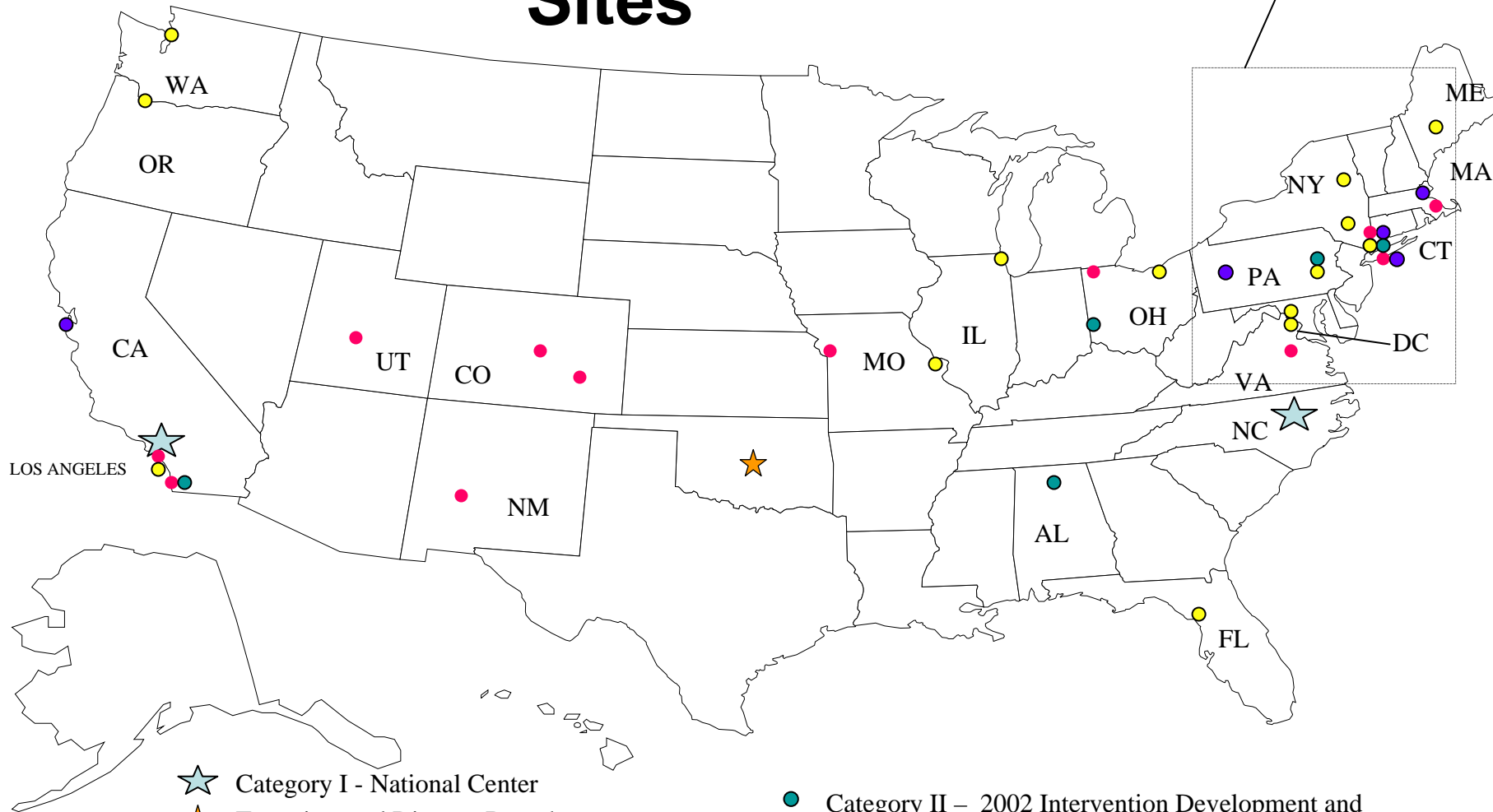
# **National Child Traumatic Stress Network**

## **NCTSN.org**

**The mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.**

# National Child Traumatic Stress Network Sites

See Other Map



★ Category I - National Center

★ Terrorism and Disaster Branch

● Category II – 2001 Intervention Development and Evaluation Centers

● Category III – 2001 Community Treatment and Service Centers

● Category II – 2002 Intervention Development and Evaluation Centers

● Category III – 2002 Community Treatment and Service Centers

# **Earliest Experiences of Traumatic Events From Prehistoric Times**

- **Natural disasters**
  - **Earthquakes**
  - **Floods, mudslides**
  - **Hurricanes**
  - **Tornadoes**
  - **Volcanic eruptions**

**Animal and Human Predators**

# Early Images of Trauma: Coming to Terms with Death and Disfigurement

# Military casualties in World War I (1914-1918)

Source: U.S. War Department, Dec. 10, 1922

<i><b>THE ALLIES</b></i>		
<i><b>Country</b></i>	<i><b>Dead</b></i>	<i><b>Wounded</b></i>
<i><b>British Empire</b></i>	<i><b>908,400</b></i>	<i><b>2,090,200</b></i>
<i><b>France</b></i>	<i><b>1,358,000</b></i>	<i><b>4,266,000</b></i>
<i><b>Italy</b></i>	<i><b>650,000</b></i>	<i><b>947,000</b></i>
<i><b>Romania</b></i>	<i><b>335,700</b></i>	<i><b>120,000</b></i>
<i><b>Russia</b></i>	<i><b>1,700,000</b></i>	<i><b>4,950,000</b></i>
<i><b>United States</b></i>	<i><b>116,516</b></i>	<i><b>234,428</b></i>

# History of PTSD

## Waxing and Waning Public Interest

- 19<sup>th</sup> Century Freud – Hysterical Neurosis
- WWI – Shell Shock – Neurological Damage secondary to exploding ammunition
- WWII Renamed Combat Neurosis (psychological not physiological trauma)
- Need to Relive and Resolve Traumatic Memories in Therapy
- Recognition that symptoms occur in children in war



# Sigmund Freud (1856-1939)

Articulated concepts of

- The Unconscious
- Infantile Sexuality
- Repression
- The tri-partite theory of the mind

ID

EGO

SUPEREGO

# Freud and Trauma in Children (1856-1939)

- Seduction Theory
- Oedipal Theory of Neurosis

Rape and Incest as Fantasized Events

1984 Jeffrey Masson – The Assault on  
Truth: Freud's Suppression of the  
Seduction Theory

1980 PTSD Formally recognized as a valid  
adult disorder

# Concept of Shell Shock

- Sudden acting or feeling as if the traumatic fighting was happening again, even out of the range of combat
- Extreme startle responses
- Guilt about surviving when others did not
- Inability to resume combat duties
- Depression and extreme generalized anxiety

# History of PTSD

- Vietnam War Veterans 1960's – First large scale studies commissioned by the Veterans Administration
- Establishment and Proliferation of Rape Crisis Centers
- Victims Rights

# Posttraumatic Stress Disorder

- Recurrent intrusive images –Flashbacks
- Nightmares
- Experience re-living life threatening battle
- Withdrawal from loved ones and friends
- Emotional and Social Isolation
- Sleep disturbance
- Guilt about the behaviors required for survival
- Irritability, Impulsive behavior, depression, or bouts of uncontrollable rage
- Alcohol or substance abuse

A Compelling Depiction of  
Posttraumatic Stress Disorder:

THE DEER HUNTER

# **Range of Traumatic Events**

- **Trauma is embedded in the fabric of daily life**
  - **Child Abuse and maltreatment**
  - **Domestic violence**
  - **Community violence**
  - **Criminal victimization**
  - **Medical trauma**
  - **Traumatic loss**
  - **Accidents and fires**

# **Man-made disasters and Catastrophes of Human Origin**

- Major transportation accidents**
- Industrial accidents - Bhopal**
- Nuclear accidents**
- Genocide**
- War**
- Terrorist attacks**



# History of PTSD

- 1980 PTSD Recognized as adult disorder but psychiatrists skeptical that children suffered from it
- Initial adult response to impact of trauma on children is often denial
- Parents and teachers minimized impact of trauma
- MH professionals rationalized that children are too developmentally and cognitively immature

# Revisions

- 1980 “Outside the Realm of Normal Human Experience”
- Some stressors that result in PTSD symptoms are not rare: rape, child abuse, domestic violence, community violence, conditions of war

# History of PTSD

- MH professionals rationalized that children are too developmentally and cognitively immature
- 1987 DSM-III-R Additional of Notes “Variation of Symptom Presentation in Children”
- DSM IV Full Inclusion of Children’s Symptoms

# The Modern History of Child Traumatic Stress: Lenore Terr - Too Scared to Cry 1979/1983

- Chowchilla, California
- 5,000 Residents
- July 1976
- 26 School Children Kidnapped
- 110 degrees
- Lowered into a Bus buried in a pit

# What is TRAUMA?

- Trauma is an acute stress response that one experiences when confronted with **sudden, unexpected, unusual human experience.**
- Trauma occurs because the event **poses a serious threat to the individual's life** or physical integrity or to the life of a family member or close friend, or to one's surrounding environment.
- Individuals who may have witnessed the event are also at risk to develop a trauma stress response.

# Characteristic Symptoms of PTSD

- Exposure to a Severe Stressor is the First Criterion\*
- Experiencing or Witnessing event capable of causing death, injury to threat to physical integrity to self or another
- Learning about a significant other being exposed to such an event

\*1980 Revision eliminated “Outside the Realm of Normal Human Experience” - Some stressors that result in PTSD symptoms are not rare: rape, child abuse, domestic violence, community violence, conditions of war

# 3 Broad Categories of Response

These symptoms must be present for **at least 1 month** and must cause significant distress or **impairment in functioning**

- **Reexperiencing**
- **Avoidance/Numbing**
- **Increased Arousal**

# 3 Broad Categories of PTSD Response

- **Reexperiencing:** Recurrent, intrusive, distressing memories of the event. Repetitive (traumatic themes) play, trauma dreams or nightmares, acting or feeling as if the trauma were recurring, distress at exposure to traumatic symbolic reminders and physiological reactions to exposure to those cues and reminders



# 3 Broad Categories of PTSD Response

- **Avoidance/Numbing:** Efforts to avoid thoughts, feelings or conversations associated with the trauma; avoid reminders of the trauma; amnesia for important aspects of the trauma; diminished interest or participation in normal activities; feeling detached or estranger from others; restricted affective (emotional) range; and a sense of a foreshortened future (e.g., believing one will not live a normal life span)

# 3 Broad Categories of PTSD Response

- **Increased Arousal:** Sleep difficulties, irritability; angry outbursts; difficulty concentrating; hypervigilance; exaggerated startle response

# Types of Trauma

- **CHRONIC**
  - **Chronic child, spouse, and elder abuse**
  - **Chronic illness**
  - **Community Violence**
- **ACUTE**
  - **Sudden, arbitrary, often random event**

# Recommendations for Dealing with Trauma

- Screening identifies the level of traumatic stress
- Early interventions may help prevent the development of PTSD among some trauma survivors
- Outreach is necessary
- The needs of children must be included
- The needs of helpers cannot be ignored

# **Link between Violence Exposure and Chronic PTSD with:**

- **Substance Abuse**
- **Reckless Behavior**
- **High-risk Sexual Behavior**
- **Gang Participation**
- **Disturbances in Academic  
Functioning**

(Kilpatrick, Saunders & Resick, 1998)

# Student Exposure-Santana H.S.

13 Injured 2 Students Killed		May 2001	
Saw Someone Wounded or Killed	39%	452 Students	
Directly Witnessed Someone Get Shot	19%	219 Students	
Witnessed First Aid to Injured	9%	100 Students	
Shooter shot directly at me	4%	43 Students	
Physically Injured	.8%	9 Students	
Gave First Aid or Support to Injured	2%	22 Students	
Heard Gun Shots but Didn't See Anything	35%	410 Students	
Only Saw People Running	18%	205 Students	
Shooter Spoke To Me	.5%	6 Students	

# Secondary Adversities

## Compound Trauma

- Loss of School Site
- Loss of Friends, Teachers
- Interruption of Education and Learning
- Loss of home, car, cherished belongings
- Loss of social, personal, or familial ties
- Loss of self-esteem, control over one's life
- Loss of resources such as food, money, physical abilities

# Grief and Trauma

## GRIEF

- Generalized reaction:  
**SADNESS**
- Emotional pain focused on loss
- Guilt may focus on: “I wish I would/would not have...”
- Dreams tend to be of the deceased
- Generally grief reactions stand alone and do not involve trauma reactions

## TRAUMA

- Generalized reaction:  
**TERROR**
- Generalized fear, sense of powerlessness and loss of safety
- Guilt may focus on: “It was my fault. I could have prevented it. It should or could have been me.”
- Nightmares
- Involves grief reactions in addition to trauma reactions: flashbacks, startle reactions, hypervigilance, numbing



# From the Field of Brain Research

In order for children to learn...

- Eliminate Threat from the Environment
- Enrich the Learning Environment

# New Science: Mapping The Ecology of Trauma

- Safe and Unsafe Neighborhoods, especially around schools
- Locus of Violent Crime
- Gang Activity
- Drug Sales, Use and Abuse
- Presence or Lack of Social Connectivity

Ralph Sampson, Chicago

# Compassion Fatigue

**“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”**

**“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”**

**Charles R. Figley, Ph.D.**

# Contact Information

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